

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90072 016 ****61.25

DOCUMENT # N94000000008

1. Entity Name

FELLSMERE HISTORICAL CHURCH, INC.

Principal Place of Business

Mailing Address

**39 N. BROADWAY
 FELLSMERE FL 32948
 US**

**P.O. BOX 997
 FELLSMERE FL 32948
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-0475968

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VANDEVOORDE, RENE G
 1327 N. CENTRAL AVENUE
 SEBASTIAN FL 32958**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **VPDS**
 STREET ADDRESS **COSNER, TERRY**
 CITY-ST-ZIP **415 PINE WOODS ROAD**
ORMOND BEACH FL 32174

TITLE Change Addition
 NAME **D SHIRLEY DAUER-SNELL**
 STREET ADDRESS **79 N. PINE ST,**
 CITY-ST-ZIP **FELLSMERE, FL. 32948**

TITLE Delete
 NAME **D LEFT, SUSAN**
 STREET ADDRESS **1615 41ST ST**
 CITY-ST-ZIP **VERO BEACH FL**

TITLE Change Addition
 NAME **EDWARD BRENTON**
 STREET ADDRESS **2120 58TH AVE, SUITE 157**
 CITY-ST-ZIP **VERO BEACH, FL 32966**

TITLE Delete
 NAME **D LANTZ, STEVE**
 STREET ADDRESS **14020 105TH ST**
 CITY-ST-ZIP **FELLSMERE FL**

TITLE Change Addition
 NAME **D RICHARD B. VOTAWA**
 STREET ADDRESS **8405 75TH COURT**
 CITY-ST-ZIP **VERO BEACH, FL 32967**

TITLE Delete
 NAME **D COSNER, CHRIS**
 STREET ADDRESS **498 COPLEY TERR**
 CITY-ST-ZIP **SEBASTIAN FL 32958**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D COSNER, ANDREA**
 STREET ADDRESS **415 PINE WOODS ROAD**
 CITY-ST-ZIP **ORMOND BEACH FL 32174**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D SANTOS, JANET**
 STREET ADDRESS **18 S. CYPRESS ST**
 CITY-ST-ZIP **FELLSMERE FL 32948**

TITLE Change Addition
 NAME **D SUSAN LEFT**
 STREET ADDRESS **1010 35TH AVE**
 CITY-ST-ZIP **VERO BEACH, FL 32960**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **PHYLLIS BOISVERT** *Phyllis Boisvert, Treas. 4/15/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-
299-6425

CR2E037 (9/01)